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STATEMENT OF ORGANIZATION

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(Revised 02/2009)

FORM 1 Office Use Only Example: If typing, type 1. NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ICHAMBILLISS FOR SEMATE ADDRESS (number and street) (Check if address is changed) ZIP CODE STATE CITY COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) PAUGEO SAXIBY DRG (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C 0,0,2,6,6,9,3,2 FEC IDENTIFICATION NUMBER NEW (N) AMENDED (A) IS THIS STATEMENT I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Office **FEC FORM 1**

Federal Election Commission

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